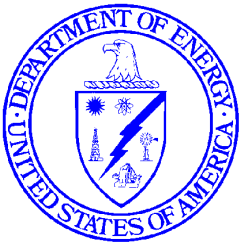


Date 08/11/09



## Environmental Management Consolidated Business Center (EMCBC)

### Subject: Transit Subsidy Benefit (TSB) Procedure

Implementing Procedure

APPROVED: (Signature on File)

EMCBC Director

ISSUED BY: Office of Financial Management

#### 1.0 PURPOSE

The purpose of this procedure is to establish responsibilities and provide direction to the Environmental Management Consolidated Business Center (EMCBC) employees for the implementation of the Transit Subsidy Benefit Program (TSB).

#### 2.0 SCOPE

This procedure addresses the process for completing an EMCBC Public Transportation Program Profile and for requesting Department of Transportation (DOT) vouchers.

#### 3.0 APPLICABILITY

All EMCBC personnel stationed at the EMCBC offices in Cincinnati, Ohio.

#### 4.0 REQUIREMENTS

This is a local procedure established by the EMCBC.

#### 5.0 RESPONSIBILITIES

5.1 EMCBC Office of Financial Management – The EMCBC Office of Financial Management (FM) is responsible for ensuring that all EMCBC employees utilizing the TSB have a TSB profile on file. FM is also responsible for receiving, processing and distributing DOT vouchers to the EMCBC staff. Finally, FM is responsible for providing reasonable assurances that employees utilizing the TSB program are not requesting excessive DOT vouchers.

5.2 EMCBC Employees—EMCBC employees are responsible for submitting the TSB Profile and a quarterly projection of their public transportation cost to the TSB Coordinator in FM in order to receive DOT vouchers.

#### 6.0 GENERAL INFORMATION

6.1 DOT vouchers will not be given to individuals unless a profile and quarterly projection have been submitted.

- 6.2 The TSB Program is a privilege; it is not a right or an entitlement. Falsification of TSB Program benefits will be subject to disciplinary action.

## 7.0 PROCEDURE

### 7.1 Employees Utilizing Public Transportation

- 7.1.1 In order to participate in the TSB program, each employee must submit a completed TSB Program Profile to the TSB Coordinator in the Office of Financial Management, Finance and Accounting Team. It is the employee's responsibility to update the profile as needed.
- 7.1.2 The Office of Financial Management will distribute DOT vouchers on a quarterly basis. In order to receive DOT vouchers, the employee must also submit a voucher request 30 days in advance of the subsequent quarter to the TSB Coordinator. FM will coordinate with employees regarding the distribution of the DOT vouchers. Employees must appear in person to receive and sign for their own DOT vouchers.
- 7.1.3 **Employees should request only enough vouchers to use for one TSB quarter. Employees must not retain an excessive amount of DOT vouchers and/or bus tokens and should return unused DOT vouchers and/or bus tokens by the end of the second month of the following quarter. In addition, all unused vouchers and tokens must be returned prior to termination of employment.**

## 8.0 RECORDS MAINTENANCE

- 8.1 Records generated as a result of implementing this document are maintained by the Office of Finance and are identified below:
- 8.1.1 IP-344-01-F1, EMCBC, Transit Subsidy Benefit for EMCBC Public Transportation Program Profile

## 9.0 FORMS USED - Forms used shall be the latest revision unless otherwise specified.

### 9.1 IP-344-01-F1, EMCBC Transit Subsidy Benefit Program Profile

- 9.1.1 Form location and name: EMCBC Svcs/Forms/EMCBC Transit Subsidy Benefit (TSB) Program Profile, IP-344-01-F1

## 10.0 ATTACHMENTS

- 10.1 Attachment A—IP-344-01-F1, EMCBC, Transit Subsidy Benefit Program Profile (Sample)

## 11.0 FLOWCHART - EMCBC Transit Subsidy Benefit Reimbursement Process

**EM CONSOLIDATED BUSINESS CENTER (EMCBC)  
TRANSIT SUBSIDY BENEFIT (TSB) PROGRAM PROFILE (SAMPLE)**

**A. Applicant Information** (Please Print or Type)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization: \_\_\_\_\_ Location: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_ SSN (last 4 digits only) : \_\_\_\_\_

**B. Modes of Transportation to be used to and from workplace:**

Bus \_\_\_\_\_

**C. Employee Certification:**

**WARNING:** This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

I certify that I am employed by the Dept. of Energy (EMCBC) and am not named on a federally subsidized workplace parking permit with the Dept. of Energy (EMCBC) or any other Federal agency.

I certify that I am eligible for a transportation fare benefit, will use it for my daily commute to and from work, and will not transfer it to anyone else.

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that in any given month, I will not use the Government-provided transit subsidy in excess of the EMCBC maximum limit of \$120.00. If my commuting costs per month exceed the EMCBC monthly maximum limit of \$120.00, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.

I certify that my usual monthly commuting costs are: \$\_\_\_\_\_

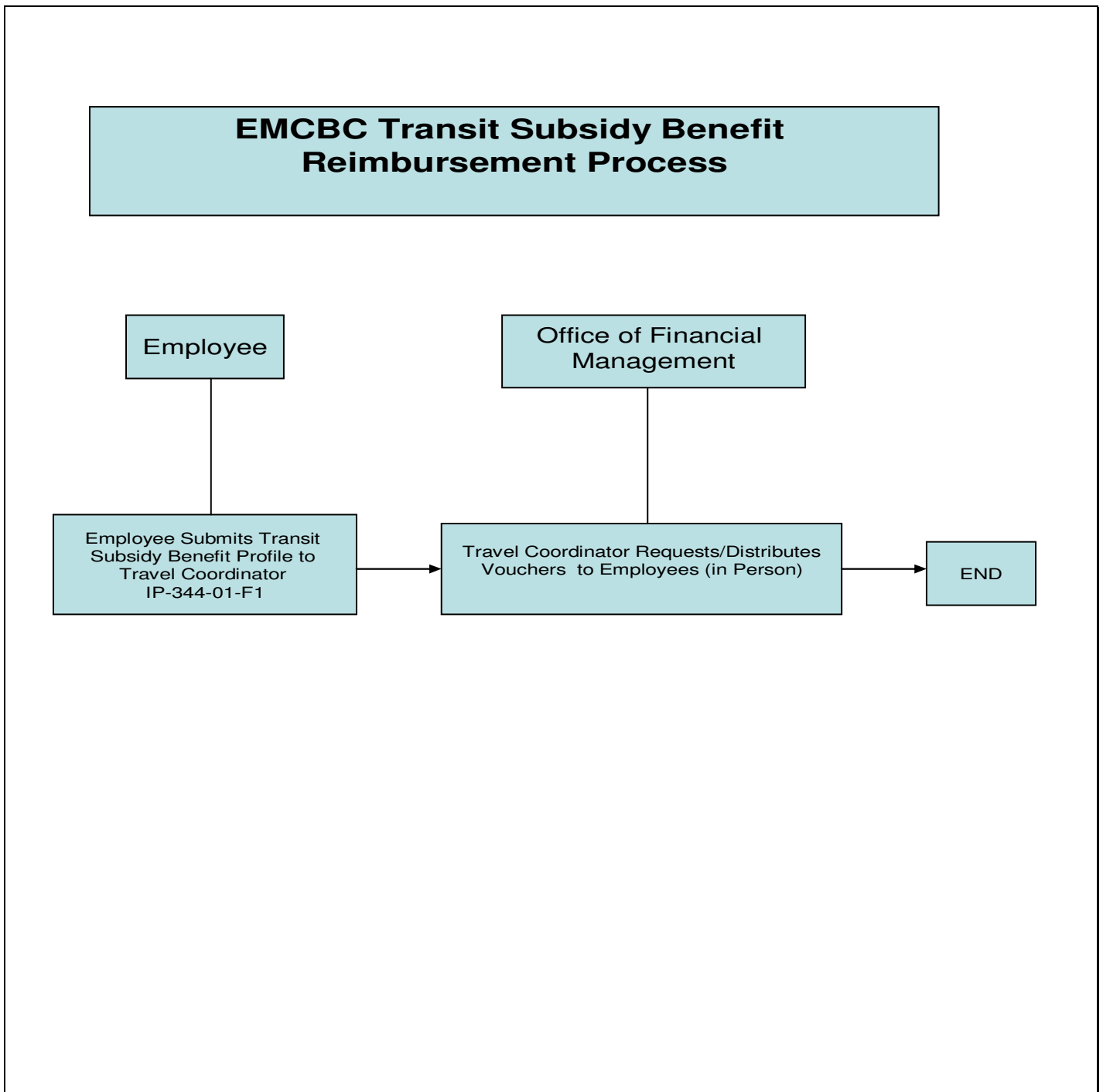
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**D. Approval: Approving Official**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY ACT STATEMENT:** This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with the Energy (EMCBC)-Reg or any other Federal agency.



**EMCBC RECORD OF REVISION****DOCUMENT**

If there are changes to the controlled document, the revision number increases by one. Indicate changes by one of the following:

- I** Placing a vertical black line in the margin adjacent to sentence or paragraph that was revised.
- I** Placing the words GENERAL REVISION at the beginning of the text.

<b>Rev. No.</b>	<b>Description of Changes</b>	<b>Revision on Pages</b>	<b>Date</b>
1	Original Document Formally known as DOE-EMCBC-002 rewritten	All	08/11/09